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AF/3238
PTO/SB/21 (08-03)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|--------------------|
| | | Application Number | 09/963,848 |
| | | Filing Date | September 25, 2001 |
| | | First Named Inventor | Ronald G. French |
| | | Art Unit | 3738 |
| | | Examiner Name | U. CHATTOPADHYAY |
| Total Number of Pages in This Submission | | Attorney Docket Number | 020979-002400US |

ENCLOSURES (Check all that apply)

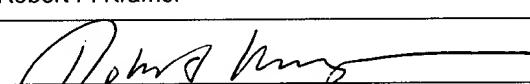
| | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

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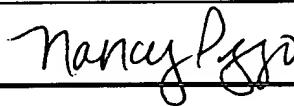
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

TECHNOLOGY CENTER 20700

| | | |
|--------------------|---|--|
| Firm or Individual | Townsend and Townsend and Crew LLP Robert F. Kramer | |
| Signature |  | |
| Date | 05/04/2004 | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|---|------|------------|
| Typed or printed name | Nancy Pizzo | | |
| Signature |  | Date | 05/04/2004 |